



**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: SAMAIN, Eric et al.  
Title: METHOD FOR PRODUCING OLIGOPOLYSACCHARIDES  
Appl. No.: 10/019,954  
Filing Date: 05/24/2002  
Examiner: Rebecca E. Prouty  
Art Unit: 1652  
Confirmation Number: 6242

**AMENDMENT AND REPLY UNDER 37 CFR § 1.116**

Mail Stop AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

This communication is responsive to the Final Office Action dated August 28, 2006, concerning the above-referenced patent application.

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this document.

**Remarks** begin on page 10 of this document.

Please amend the application as follows:



Atty. Dkt. No. 065691-0267

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**AMENDMENT TRANSMITTAL**

Mail Stop AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

[ ] Assertion of Small Entity status is enclosed.

[ X ] The fee required for additional claims is calculated below:

	Claims As Amended	Previously Paid For	Extra			Additional Claims Fee
			Claims Present	x Rate	=	
Total Claims:	42	-	46	=	0	\$0.00
Independent Claims:	1	-	3	=	0	\$200.00
First presentation of any Multiple Dependent Claims:			+ \$360.00	=		\$0.00
01/03/2007 A01NDAF1 00000003 10019954 01 FC:1251		120.00 OP	CLAIMS FEE TOTAL	=		\$0.00

[ X ] Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

[ X ] Extension for response filed within the first month:	\$120.00	\$120.00
EXTENSION FEE TOTAL:		\$120.00
CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:		\$120.00
TOTAL FEE:		\$120.00

A credit card payment form in the amount of \$120.00 is enclosed.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by the credit card payment form being unsigned, providing incorrect information resulting in a rejected credit card transaction, or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

If any extensions of time are needed for timely acceptance of papers submitted herewith, applicant hereby petitions for such extension under 37 C.F.R. §1.136 and authorizes payment of any such extensions fees to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date December 28, 2006

By



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